


No. C 42801	Annual Report Form 1990 Due No Later Than November 30,		2. Registered Agent and Office NOT A P.O. BOX SUSAN F DAVIS 1818 S 10TH AVE STE 100 CALDWELL ID 83605																			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED ** FINAL NOTICE **	1. Mailing Address - Please Correct, If Not Correct CALDWELL INTERNAL MEDICINE P 1818 S. 10TH AVENUE SUITE 100 CALDWELL ID 83605		3. Organized Under the Laws of: ID C 42861																			
4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one) <table border="0" style="width:100%"> <tr> <td style="text-align:center"><u>Office held</u></td> <td style="text-align:center"><u>Name</u></td> <td style="text-align:center"><u>Street or P.O. Address</u></td> <td style="text-align:center"><u>City</u></td> <td style="text-align:center"><u>State</u></td> <td style="text-align:center"><u>Zip</u></td> </tr> <tr> <td colspan="6">President - Charles E. Reed, M.D., 1818 S. 10th Ave., Caldwell, ID 83605</td> </tr> <tr> <td colspan="6">Sec/Treas. - Hugh E. Eddy, M.D., 1818 S. 10th Ave., Caldwell, ID 83605</td> </tr> </table>					<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President - Charles E. Reed, M.D., 1818 S. 10th Ave., Caldwell, ID 83605						Sec/Treas. - Hugh E. Eddy, M.D., 1818 S. 10th Ave., Caldwell, ID 83605					
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5. NATURE OF BUSINESS MEDICAL		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct, and complete. Signature  Date <u>10-24-96</u> Name (Typed or Printed) <u>Charles E. Reed MD</u> Title <u>President</u>																				
ISSUED: 10-05-1996		3941																				